Selection and Review Petition Form
Send all copies to: Department of Teacher Education, DBH 330
One University Circle, Turlock, CA 95382

Student Complete Name________________________________________ Date Submitted ______________________

Student ID #_________________________________________________ Day Phone _________________________

Please check one: MSCP____ SSCP____

Type of Petition (Fill in all areas that apply)
The decision of the Selection & Review Committee is indicated in the right column.

<table>
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<tr>
<th>Leave of Absence for: Semester / year</th>
<th>Return to Program: Semester / year</th>
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The Selection & Review committee has reviewed your request for a leave of absence from the Credential Program. Leaves of absence are approved on a semester by semester basis. You will need to continue to write to us prior to the beginning of each semester to extend your leave of absence. Please be aware that you are held to any new requirements that are instituted until such time as you have completed all requirements for the credential. If you are returning to the program for student teaching, please be aware that all prerequisites, including CSET, must be completed by the specified deadline in order to return. If your leave extends beyond a three – year period, you will be required to re-apply to the program.

Course Substitution

<table>
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<tr>
<th>Course Number and Title Requested for Substitution*</th>
<th>Institution Where Taken</th>
<th>Date Taken</th>
<th>CSUS Equivalent Course # and Title</th>
<th>Approved</th>
<th>Denied</th>
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*Please attach appropriate documentation such as course catalog description, syllabus, etc.

Other Requests for Exceptions to MSCP or SSCP Credential Program Requirements


Selection & Review Meeting Date __________________________ Committee Chair Signature ______________________

Please supply name and address here: ____________________________________________

Name
________________________________________

Mailing Address
________________________________________

City ____________________________________ State __________________ Zip Code __________

*Comments (office use only)